

TIME SEEN: 7:50 ☐ on arrival ROOM: A9 EMS Arrival
 HISTORIAN: patient spouse paramedics
 HX / EXAM LIMITED BY: _____



HNER

HPI

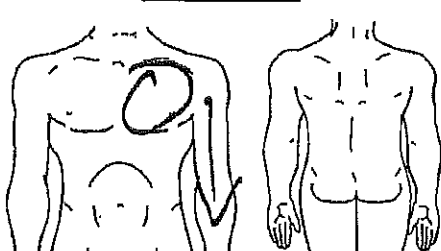
chief complaint: chest pain / discomfortstarted: 4:30time course:
☒ still present better
 gone nowlasted _____
 resolved on arrival in EDconstant waxing & waning
 intermittent episodes lasting _____

worse / persistent since _____

quality:

pressure
 tightness
 indigestion
 burning
 dull
 aching
 sharp
 stabbing
 numbness
 like prior MI

location of pain:

radiation: none diagrammed above
 arm / back / neck / jaw / tooth pain

associated symptoms:

nausea / vomiting shortness of breath
 coughing blood sweating
 syncope palpitations
 feeling of doom

worsened by:

change in position
 deep breaths / turning
 exertion
nothing

relieved by:

sitting up
 rest
 antacids
nothing
 nitroglycerin 1 2 3
 patient's own supply
 given by paramedics
 relief: none / partial /
 complete / transient
 Oxygen NRB L

onset during:

sleep rest light activity
 mod. / heavy exertion
 emotional upset
 cannot recall

severity:

maximum: (1-10) 8/10
 mild moderate severe
 when seen in ED: (1-10) 7/10
 gone almost gone mild moderate severe
 residual discomfort in arm (R/L)

Evaluation / treatment PTA: by patient paramedics

heart rate= _____ unknown monitor

treatment:

Valsalva / carotid massage E
 Adenocard / Verapamil / Lidocaine

Similar symptoms previously angina heart painRecently seen / treated by doctor S

ROS

CHEST / CONST

fever _____
 chills _____
 cough _____
 sputum _____
 ankle swelling _____
 calf / leg pain _____
 hand / arm pain _____

NEURO

headache _____
 blackouts _____
 EYES / ENT
 blurred vision _____
 sore throat _____
 GI / GU
 abdominal pain _____
 black / bloody stools _____
 problems urinating _____
 SKIN / LYMPH / MS
 rash / swelling _____
 joint pain _____
 all systems neg except as marked

FEMALE REPRODUCTIVE

LNMP _____
 vaginal discharge _____
 abnormal bleeding _____

PAST HX negative

* = MI risk factors

*high blood pressure _____ emphysema _____
 *diabetes Type 1 Type 2 _____ collapsed lung _____
 diet / oral / insulin _____ stroke _____
 *high cholesterol _____ peptic ulcer _____
 *heart disease _____ documented? yes no
 heart attack (MI) _____ gall stones _____
 angina / heart failure _____ kidney disease / dialysis _____
 DVT / PE risk factors _____ GERD / liver disease / pancreatitis _____
 cast cancer recent surgery _____ *TAD risk factors: _____
 leg swelling bedridden paralysis _____ pregnancy connective tissue _____
Bipolar _____ Turners, etc coarctation of aorta _____

Surgeries / Procedures none

cardiac bypass _____ tonsillectomy _____
 cardiac cath / stent _____ cholecystectomy _____
 angioplasty _____ appendectomy _____
 thrombolytics _____ hysterectomy _____
 pacemaker _____ endoscopy _____
 stress test _____ dental work _____
 indwelling device line / port
 catheter / dialysis graft

Medications none see nurses note

NSAID acetaminophen BCP's

ASA within last 24 hours

Allergies NKDAsee nurses noteSOCIAL HX *smoker

*drug use / abuse (cocaine / IV)

recent ETOH S

FAMILY HX

*CAD (less than 55yo / greater than 55yo)

aortic aneurysm PE

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33

Houston Northwest Medical Center
 EMERGENCY PHYSICIAN RECORD
 Chest Pain (5)



ACCT#075885491 MR#000209691
 PHILLIPS, NANCY A
 06/13/1962 F45 1017-ROBA, ANTENEX T
 Houston Northwest Medical Center 02/08/2008 05 3

PRINTED BY: GERMAINNKENNARD
 DATE: 11/13/2008

☒ Nursing Assessment reviewed ☒ Vitals reviewed ☐ bilateral BP's reviewed

PHYSICAL EXAM

General Appearance no acute distress no acute distress
no acute distress anxious / lethargic
alert

EENT

eyes nml inspection scleral icterus / pale conjunctivae
ENT nml inspection EOM palsy / anisocoria
pharynx nml pharyngeal erythema
abnml TM / hearing deficit
abnormal oral exam

NECK

nml inspection thyromegaly
no carotid bruit lymphadenopathy
subcutaneous emphysema

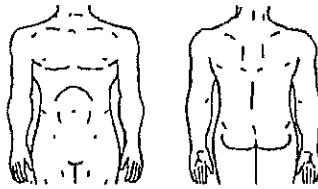
RESPIRATORY

no resp. distress see diagram
chest non-tender respiratory distress
nml breath sounds manifests distinct pain on movement
no pleuritic chest pain R / L arm trunk
splinting / decr air mvmt
wheezes / rales / rhonchi

CVS

regular rate, rhythm irregularly irregular rhythm
no murmur extrasystoles (occasional / frequent)
no gallop tachycardia / bradycardia
no friction rub PMI displaced laterally
pulses full / equal JVD present
murmur grade /6 sys / dias
cresc / cresc-decresc / decresc
gallop (S3 / S4)
friction rub / Hamman's crunch
decreased pulse(s)
R carotd fem dors ped
L carotd fem dors ped

T = tenderness
 G = guarding
 R = rebound
 m = mild
 mod = moderate
 sv = severe
 (e.g., Tsv = severe tenderness)

**ABDOMEN**

non-tender tenderness / guarding / rebound
no organomegaly abnml bowel sounds
no distention hepatomegaly / splenomegaly / mass
bruit

RECTAL

non-tender black / bloody / heme pos. stool
heme neg stool tenderness

SKIN

color nml, no rash cyanosis / diaphoresis / pallor
warm, dry skin rash zoster-like
embolic lesions

EXTREMITIES

non-tender pedal edema
normal ROM calf tenderness
no pedal edema clubbing
no calf tenderness Homan's sign
CORDS

NEURO / PSYCH

oriented x3 disoriented to person / place / time
mood / affect nml depressed affect
CN's nml as tested facial droop
no motor / snsry deficit weakness / sensory loss

Chest Pain - 33

PRINTED BY: GERMAINNKENNARD
 DATE: 11/13/2008

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LABS, EKG & XRAYS

CBC normal except **Chemistries** normal except
WBC normal except **Na** normal except
Hgb normal except **K** normal except
Hct normal except **Cl** normal except
Platelets normal except **CO2** normal except
segs normal except **Ca** normal except
bands normal except **Glu** 113
lymphs normal except **Creat** normal except
monos normal except **Bun** normal except

EKG MONITOR STRIP NSR Rate

EKG NML Interp. by me Reviewed by MD Rate
NSR normal intervals normal axis normal QRS normal ST/T
not / changed from:

Repeat EKG unchanged /

CXR Interp. by me Reviewed by MD Discsd w/ radiologist
nml / NAD no infiltrates nml heart size nml mediastinum
not / changed from:

Pulse Ox 99% on (RA) L / % Interp unml

TREATMENT Medications Given: time:

ASA ACE inhibitor Beta Blockers Thrombolytics Nitrates PCI

Discharge Medications:**PROGRESS**Time unchanged improved re-examinedQuality measures addressed see addendumDiscussed with Dr. Timewill see patient in: ED / hospital / office

Counseled patient / family regarding Additional history from:
tub / rad. results diagnosis need for follow-up family caretaker paramedics
prior records ordered Rx given

CRIT CARE TIME (excluding separately billable procedures)
30-74 min 75-104 min min

CLINICAL IMPRESSION

☐ **Chest Pain** ☐ **Acute MI**
precordial / painful respirations ☐ **Pneumonia**
chest wall / discomfort ☐ **Pericarditis - acute**
tightness / pressure / angina ☐ **Acute Aortic Dissection**
Dyspnea - acute ☐ **Pulmonary Embolism**
Costochondritis - acute ☐ **Acute Pulmonary Edema**
Myofascial Strain - acute ☐ **CHF**
Viral Syndrome - acute ☐ **Atrial Fibrillation - rapid vent. response**
Branchitis - acute ☐ **controlled uncontrolled new-onset**
Viral Pleuritis (Pleurisy) ☐ **acute chronic**
Abnormal EKG ☐ **Pneumothorax**
GERD ☐ **Pneumomediastinum**

DISPOSITION: ☐ transferred ☐ observation ☐ home ☐ admit☐ expired ☐ AMA ☐ elopement ☐ DOA**CONDITION:** ☐ good ☒ fair ☐ poor ☐ critical ☒ stable☐ unchanged**MLP SIGNATURE****ATTENDING NOTE:**MLP's history reviewed, patient interviewed and examined.

Briefly, pertinent HPI is:

Physician Signature Date

PHILLIPS, NANCY A
 05/13/1962 F45 1017-ROBA, ANTENEH T -
 Houston Northwest Medical Center 02/08/2008 65 3

Houston Northwest Medical Center
Clinical Laboratory
North Houston Pathology Associates, L.L.P.
 710 F.M. 1960 West
 Houston, Texas 77090

Telephone: (281) 440-2160

Patient Name:	PHILLIPS, NANCY A	Medical Record No:	000209691
Date Of Birth:	06/13/62	Encounter No:	075885491
Age:	45Y	Admit Date:	02/06/08
Sex:	F	Discharge Date:	02/06/08
Physician:	ROBA, ANTENEH T, MD		
Diagnosis:			

DEPT: HEMATOLOGY SECTION

CBC

	02/06/08 09:25	Reference	Units
WBC	6.0	3.8-11.6	K/cumm
RBC	4.71	3.70-5.10	M/cumm
HEMOGLOBIN	13.1	12.0-15.0	gm/dl
HEMATOCRIT	39.6	35.7-44.8	%
MCV	84	80-100	fl
MCH	27.8	26.2-33.8	pg
MCHC	33.0	31.7-35.1	gm/dl
RDW	12.9	11.3-14.5	%
PLATELET	337	130-408	K/cumm
SEGS	69	50-70	%
LYMPHS	25	20-40	%
MONOS	5	1-10	%
EOS	1	1-5	%
BASOPHILS	0	0-2	%
SEGS,ABSOLUTE COUNT	4.1	1.90-7.20	K/cumm
LYMPHS,ABSOLUTE COUNT	1.5	1.10-2.70	K/cumm
MONOS,ABSOLUTE COUNT	0.3	0.30-0.80	K/cumm
EOSINOPHILS, ABSOLUTE COUNT	0.1	0.00-0.50	K/cumm
BASOPHILS, ABSOLUTE COUNT	0.0	0.00-0.10	K/cumm

DEPT: CHEMISTRY SECTION

Basic Metabolic Panel

	02/06/08 09:25	Reference	Units
SODIUM	138	135-145	mmol/L
POTASSIUM	4.1	3.6-5.0	mmol/L
CHLORIDE	106	101-111	mmol/L
CO2	26	21-31	mmol/L
CALCIUM	9.1	8.5-10.5	mg/dl
GLUCOSE	113 H	70-100	mg/dl

***** LAB DISCHARGED REPORT *****

Patient Name:	PHILLIPS, NANCY A	Location:	EMERGENCY ROOM
Patient Number:	000209691	Encounter Number:	075885491
Run Date and Time:	03/07/08 04:51		

PRINTED BY: GERMAINNKENNARD

DATE: 11/13/2008 Report Type: Medical Records Report

Houston Northwest Medical Center
Clinical Laboratory
North Houston Pathology Associates, L.L.P.
 710 F.M. 1960 West
 Houston, Texas 77090

Telephone: (281) 440-2160

Patient Name:	PHILLIPS, NANCY A	Medical Record No:	000209691
Date Of Birth:	06/13/62	Encounter No:	075885491
Age:	45Y	Admit Date:	02/06/08
Sex:	F	Discharge Date:	02/06/08
Physician:	ROBA, ANTENEH T, MD		
Diagnosis:			

	02/06/08 09:25	Reference	Units
CREAT	0.8	0.5-1.2	mg/dl
BUN	7	6-20	mg/dl

DEPT: CARDIAC ENZYME SECTION

	02/06/08 09:25	Normal	Units
CK	317 HC ¹	0-210	IU/L
TROPI	0.000 ²	0.000-0.034	ng/ml
CKMB	0.0	0.0-2.4	ng/ml
RI %	0.0 ³	0.0-2.0	%

¹NOTIFIED VINCE HERBERT IN ER 2/6/08, 1000-CL

²>0.034 ng/ml Lower Reference Limit.

>0.120 ng/ml Upper Reference Limit.

*Lower reference limit suggests minimal cardiac damage.

*Upper reference limit suggests probable MI.

³CKMB Screen Relative Index (RI) Interpretation

<2.4 ng/ml Negative*

>2.4 ng/ml <2.0% Inconclusive*

>2.4 ng/ml >2.0% Positive

*Negative or inconclusive results do not exclude Myocardial Infarction. Serial tests at appropriate intervals may be necessary.

***** LAB DISCHARGED REPORT *****

Patient Name:	PHILLIPS, NANCY A	Location:	EMERGENCY ROOM
Patient Number:	000209691	Encounter Number:	075885491
Run Date and Time:	03/07/08 04:51		

PRINTED BY: GERMAINNKENNARD

DATE: 11/13/2008 Report Type: Medical Records Report

Page 2 of 2

AWN000155

02/06/08 0856 PHILLIPS,NANCY A 000209691
06/13/62 45Y F EQE A075885491 02/06/08 0942
02/06/08 0919 1918916 0004 ROBA,ANTENEH T
ROBA,ANTENEH T 710 FM 1960 WEST
HOUSTON, TX 77090
ROBA,ANTENEH T

Chk-in #	Order	Exam
1918916	0004	1624 ER XR CHEST 1 VIEW Ord Diag: cp

Chest pain

FINDINGS:

1. The lungs are clear.
2. Heart size, mediastinum within normal limits.
3. No large pulmonary nodules or mediastinal lymphadenopathy seen.

CONCLUSION: Unremarkable chest radiograph.

Transcriptionist- Powerscribe
Read By- GIRISH AGRAWAL, M.D.
Released By- GIRISH AGRAWAL, M.D.
Released Date Time- 02/06/08 0942

Final

HOUSTON NORTHWEST MEDICAL CENTER - IMAGING DEPT

PRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008

AWN000156

PHILLIPS, NANCY

13-Jun-1967

Female Black

Room: MSE 2

Loc: 2

Vent. rate 87 bpm
PR interval 132 ms
QRS duration 76 ms
QT/QTc 376/452 ms
P-R-T axes 60 33 27

ID: 000209691

6-Feb-2008

8:15:07

HOUSTON NW MEDICAL CENTER

Normal sinus rhythm
Normal ECG

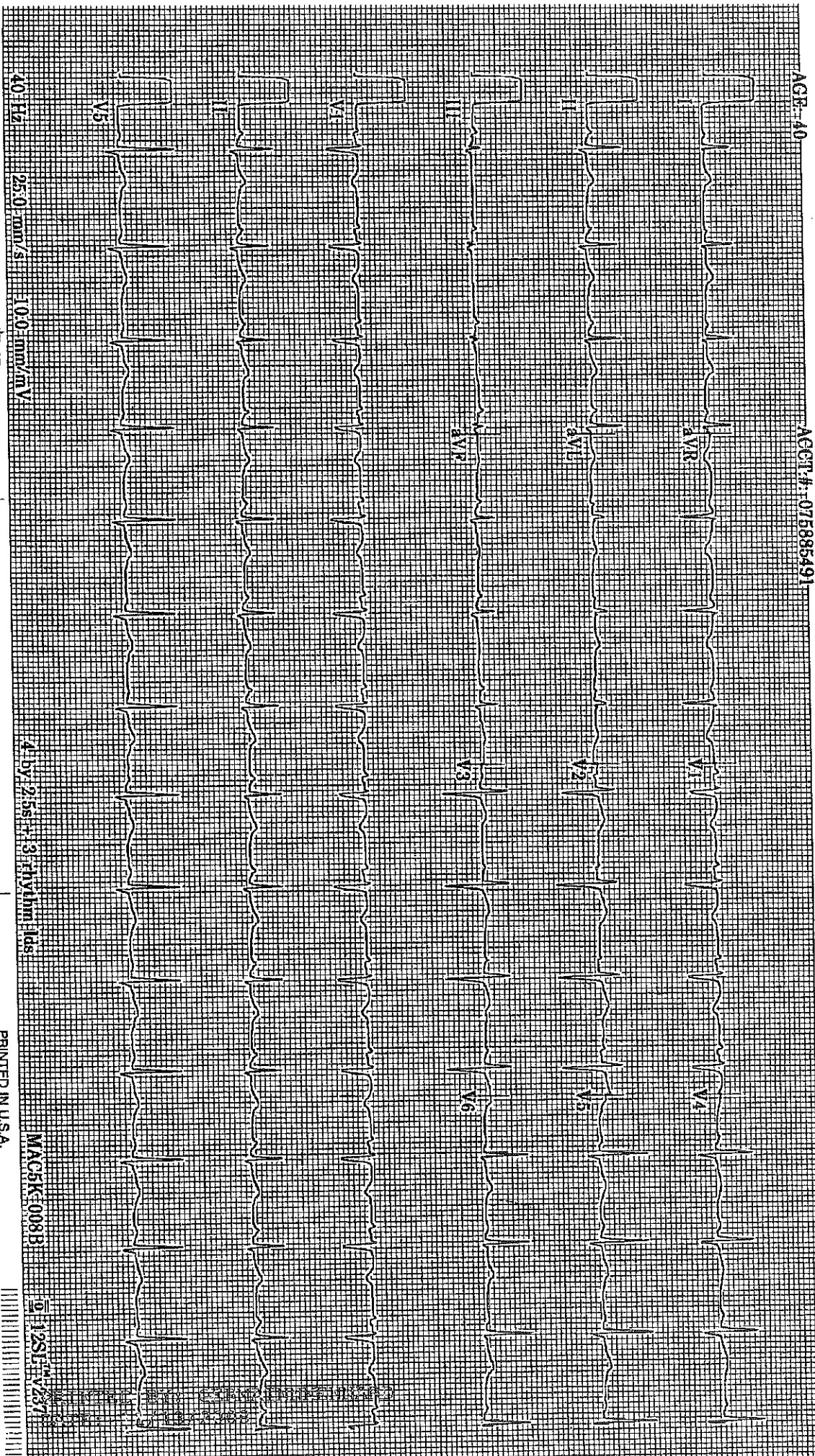
**Poor
Original**

E K P 1 1 2 0 1 0

Technician: LJJ
Test ind: CP

Referred by: ROBA, A

Unconfirmed



06-FEB-2008 08:15:07 HOUSTON NORTHWEST MEDICAL CENTER-ER ROUTINE RECORD

ID:000209691

PHILIPS, NANCY

Vent. rate	87	BPM
PR interval	132	ms
QRS duration	76	ms
QT/QTc	376/452	ms
P-R-T axes	60 33 27	

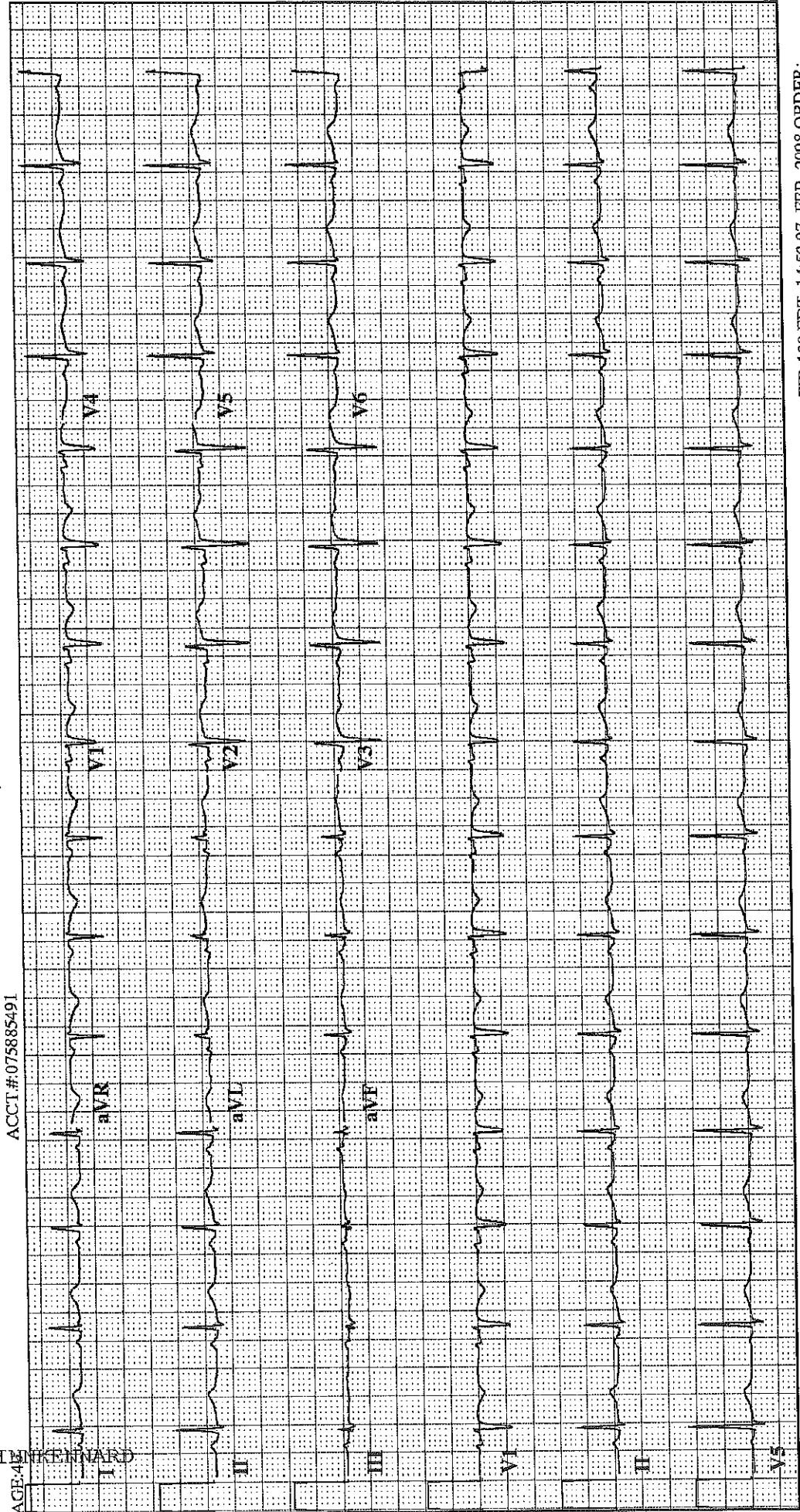
Normal sinus rhythm
Normal ECG
No previous ECGs available

Technician: LLJ
Test ind:CP

Electronically Signed By: charlesl. MOORE M.D.

Referred by: A ROBA

ACCT #:075885491



25mm/s 10mm/mV 40Hz 7.0.2 12SL 237 CID: 1

EID:108 EDT: 14:52 07-FEB-2008 ORDER:

Page 1 of 1

AWN000158

**Houston Northwest
Medical Center**

Texas



PNEUMOCOCCAL POLYSACCHARIDE VACCINE

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Pneumococcal disease is a serious disease that causes much sickness and death. In fact, pneumococcal disease kills more people in the United States each year than all other vaccine-preventable diseases combined. Anyone can get pneumococcal disease. However, some people are at greater risk from the disease. These include people 65 and older, the very young, and people with special health problems such as alcoholism, heart or lung disease, kidney failure, diabetes, HIV infection, or certain types of cancer.

Pneumococcal disease can lead to serious infections of the lungs (pneumonia), the blood (bacteremia), and the covering of the brain (meningitis). About 1 out of every 20 people who get pneumococcal pneumonia dies from it, as do about 2 people out of 10 who get bacteremia and 3 people out of 10 who get meningitis. People with the special health problems mentioned above are even more likely to die from the disease.

Drugs such as penicillin were once effective in treating these infections; but the disease has become more resistant to these drugs, making treatment of pneumococcal infections more difficult. This makes prevention of the disease through vaccination even more important.

2 Pneumococcal polysaccharide vaccine (PPV)

The pneumococcal polysaccharide vaccine (PPV) protects against 23 types of Pneumococcal bacteria. Most healthy adults who get the vaccine develop protection to most or all of these types within 2 to 3 weeks of getting the shot. Very old people, children under 2 years of age, and people with some long-term illnesses might not respond as well or at all.

3 Who should get PPV?

- All adults 65 years of age or older.
- Anyone over 2 years of age who has a long-term health problem such as:
 - heart disease
 - lung disease
 - sickle cell disease
 - diabetes
 - alcoholism
 - cirrhosis
 - leaks of cerebrospinal fluid
- Anyone over 2 years of age who has a disease or condition that lowers the body's resistance to infection, such as:
 - Hodgkin's disease
 - lymphoma, leukemia
 - kidney failure
 - multiple myeloma
 - nephrotic syndrome
 - HIV infection or AIDS
 - damaged spleen, or no spleen
 - organ transplant
- Anyone over 2 years of age who is taking any drug or treatment that lowers the body's resistance to infection, such as:
 - long-term steroids
 - certain cancer drugs
 - radiation therapy
- Alaskan Natives and certain Native American

Pneumococcal Polysaccharide

7/29/97

Pneumococcal Information Statement
Page 1 of 2

PRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008



ACCT#075885491 MR# 000209691

PHILLIPS, NANCY A

DOB: 06/13/1962 F 45 1017 ROBA, ANTENEH T
02/06/2008 65 PHILLIPS, NANCY A

AWN000159

HNMD

4 How many doses of PPV are needed?

Usually one dose of PPV is all that is needed.

However, under some circumstances a second dose may be given.

- A second dose is recommended for those people aged 65 and older who got their first dose when they were under 65, if 5 or more years have passed since that dose.

- A second dose is also recommended for people who:
 - have a damaged spleen or no spleen
 - have sickle-cell disease
 - have HIV infection or AIDS
 - have cancer, leukemia, lymphoma, multiple myeloma
 - have kidney failure-have nephrotic syndrome
 - have had an organ or bone marrow transplant
 - are taking medication that lowers immunity (such as chemotherapy or long-term steroids)

- Children 10 years old and younger may get this second dose 3 years after the first dose. Those older than 10 should get it 5 years after the first dose.

5 Other facts about getting the vaccine

- Otherwise, healthy children who often get ear infections, sinus infections, or other upper respiratory diseases do not need to get PPV because of these conditions.
- PPV may be less effective in some people, especially those with lower resistance to infection. But these people should still be vaccinated, because they are more likely to get seriously ill from pneumococcal disease.
- **Pregnancy:** The safety of PPV for pregnant women has not yet been studied. There is no evidence that the vaccine is harmful to either the mother or the fetus, but pregnant women should consult with their doctor before being vaccinated. Women who are at high risk of pneumococcal disease should be vaccinated before becoming pregnant, if possible.

6 What are the risks from PPV?

PPV is very safe vaccine.

About half of those who get the vaccine have very mild side effects, such as redness or pain where the shot is given.

Less than 1% develop a fever, muscle aches, or more severe local reactions.

Severe allergic reactions have been reported very rarely.

As with any medicine, there is a very small risk that serious problems, even death, could occur after getting a vaccine.

Getting the disease is much more likely to cause serious problems than getting the vaccine.

7 What if there is a serious reaction?

What should I look for?

- Severe allergic reaction (hives, difficulty breathing, shock).

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at www.vaers.org, or by calling 1-800-822-7967. VAERS does not provide medical advice.

8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit the National Immunization Program website at www.cdc.gov/nip



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL IMMUNIZATION PROGRAM

Pneumococcal

(7/29/97)

Vaccine Information Statement

Pneumococcal Information Statement
Page 2 of 2

PRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008



ACCT#075885491 MR# 000209691

PHILLIPS, NANCY A

DOB: 06/13/1962 F 45 1017 ROBA, ANTENEH T
02/06/2008 65 3

Houston Northwest
Medical Center

Tenel Texas



INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW 2006-07

1 Why get vaccinated?

Influenza ("flu") is a contagious disease.

It is caused by the influenza virus, which spreads from person to person through coughing or sneezing.

Other illnesses have the same symptoms and are often mistaken for influenza. But only the influenza virus can cause influenza.

Anyone can get influenza. For most people, it lasts only a few days. It can cause:

- fever
- sore throat
- chills
- fatigue
- cough
- headache
- muscle aches

Some people get much sicker. Influenza can lead to pneumonia and can be dangerous for people with heart or breathing conditions. It can cause high fever and seizures in children. Influenza kills about 36,000 people each year in the United States, mostly among the elderly.

Influenza vaccine can prevent influenza.

2 Inactivated Influenza vaccine

There are two types of influenza vaccine:

An inactivated (killed) vaccine, or "flu shot," has been used in the United States for many years. It is given by injection.

A live, weakened vaccine was licensed in 2003. It is sprayed into the nostrils. This vaccine is described in a separate Vaccine Information Statement.

Influenza viruses are always changing. Therefore, influenza vaccines are updated every year, and an annual vaccination is recommended.

For most people influenza vaccine prevents serious influenza-related illness. It will not prevent "influenza-like" illnesses caused by other viruses.

It takes about 2 weeks for protection to develop after the vaccination, and protection can last up to a year.

Inactivated influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

Some inactivated influenza vaccine contains thimerosal, a preservative that contains mercury. Some people believe thimerosal may be related to developmental problems in children. In 2004 the Institute of Medicine published a report concluding that, based on scientific studies, there is no evidence of such a relationship. If you are concerned about thimerosal, ask your doctor about thimerosal-free influenza vaccine.

3 Who should get inactivated influenza vaccine?

Inactivated influenza vaccine can be given to people 6 months of age and older. It is recommended for people who are at risk of complications from influenza, and for people who can spread influenza to those at high risk (including all household members):

People at high risk for complications from influenza:

People 65 years of age and older.

Residents of long-term care facilities housing persons with chronic medical conditions.

People who have long-term health problems with:

- heart disease
- kidney disease
- lung disease
- metabolic disease, such as diabetes
- asthma
- anemia, and other blood disorders

People with certain muscle or nerve disorders (such as seizure disorders or severe cerebral palsy) that can lead to breathing or swallowing problems.

People with a weakened immune system due to:

- H.I.V. AIDS or other diseases affecting the immune system
- long-term treatment with drugs such as steroids
- cancer treatment with x-rays or drugs

People 6 months to 18 years of age on long-term aspirin treatment (these people could develop Reye Syndrome if they got influenza).

Women who will be pregnant during influenza season.

All children 6-59 months of age.

People who can spread influenza to those at high risk:

Household contacts and out-of-home caretakers of infants from 0 through 59 months of age.

Physicians, nurses, family members, or anyone else in close contact with people at risk of serious influenza.

Influenza vaccine is also recommended for adults 50 through 64 years of age and anyone else who wants to reduce their chance of getting influenza.

A yearly influenza vaccination should be considered for:

People who provide essential community services.

People living in dormitories or under other crowded conditions, to prevent outbreaks.

People at high risk of influenza complications who travel to the Southern hemisphere between April and September, or to the tropics or in organized tourist groups at any time.

CDC Inactivated Vaccine Information
Page 1 of 2

PRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008

ACCT#075885491 MR# 000209691

PHILLIPS, NANCY A

DOB: 06/13/1962 F 45 1017 ROBA, ANTENEH T
02/06/2008 65 PHILLIPS, NANCY A

AWN000161

HNHND

4 When should I get influenza vaccine?

The best time to get influenza vaccine is in **October or November**.

Influenza season usually peaks in February, but it can peak anytime from November through May. So getting the vaccine in December, or even later, can be beneficial in most years.

Some people should get their flu shot in **October** or earlier:

- people **50 years of age and older**,
- younger people at **high risk** from influenza and its complications (including children 6 through 59 months of age),
- **household contacts** of people at high risk,
- **health care workers**, and
- **children younger than 9 years of age** getting influenza vaccine for the first time.

Most people need one flu shot each year. Children younger than 9 years of age getting influenza vaccine for the first time should get 2 doses, given at least one month apart.

5 Some people should talk with a doctor before getting influenza vaccine

Some people should not get inactivated influenza vaccine or should wait before getting it.

- Tell your doctor if you have any **severe** (life-threatening) allergies. Allergic reactions to influenza vaccine are rare.
- Influenza vaccine virus is grown in eggs. People with a severe egg allergy should not get the vaccine.
- A severe allergy to any vaccine component is also a reason to not get the vaccine.
- If you have had a severe reaction after a previous dose of influenza vaccine, tell your doctor.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called G.B.S.). You may be able to get the vaccine, but your doctor should help you make the decision.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor or nurse about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

6 What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:

- soreness, redness, or swelling where the shot was given
- fever
- aches

Vaccine Information Statement
Inactivated Influenza Vaccine (6/30/06) 42 U.S.C. §300aa-26

If these problems occur, they usually begin soon after the shot and last 1 to 2 days.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is within a few minutes to a few hours after the shot.
- In 1976, a certain type of influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (G.B.S.). Since then, flu vaccines have not been clearly linked to G.B.S. However, if there is a risk of G.B.S. from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

7 What if there is a severe reaction?**What should I look for?**

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call a doctor**, or get the person to a doctor right away.
- **Tell your doctor** what happened, the date and time it happened, and when the vaccination was given.
- **Ask your doctor, nurse, or health department** to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967. **VAERS does not provide medical advice.**

8 The National Vaccine Injury Compensation Program

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at www.hrsa.gov/vaccinecompensation.

9 How can I learn more?

Ask your immunization provider. They can give you the vaccine package insert or suggest other sources of information.

- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636** (1-800-CDC-INFO)
 - Visit CDC's website at www.cdc.gov/flu



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES

CDC Inactivated Information
Page 2 of 2

PRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008



ACCT#075885491 MR# 000209691

PHILLIPS, NANCY A

DOB: 06/13/1962 F 45 1017 ROBA, ANTENEH T
02/06/2008 65 3

AWN000162

Houston Northwest Medical Center

Tennel Texas



Nicotine: A Powerful Addiction

If you have tried to quit in the past, you know how hard it is. For some people, nicotine can be as addicting as cocaine or heroin. Quitting is difficult! It takes many people 2 or 3 tries to quit before being successful on a long-term basis.

Why Quit?

You will live longer and better! Quitting will decrease your chances of a heart attack, of a stroke or many kinds of cancer. If you are pregnant, quitting will increase your chances of having a healthy baby. You will not expose people around you to second hand smoke. You will decrease your expenses and have more money to spend on other things.

Some Benefits of Quitting

In 20 minutes:

Your blood pressure and your pulse rate returns to normal.

In 8 hours:

The carbon monoxide level in your blood drops to normal while the oxygen level in your blood increases to normal.

In 24 hours:

Your chances of a heart attack decreases.

In 48 hours:

Your nerve endings start regrowing and your ability to smell and taste is increased.

In 1 to 9 months:

Your coughing, congestion, fatigue, and shortness of breath decrease. Your lungs increase their ability to handle mucus, reduce infection and your body's overall energy increases.

Setting a Quit Date and Deciding on a Plan

Here are some steps to help you prepare for your Quit Day:

- ♦ Pick the date and mark it on your calendar.
- ♦ Tell friends and family of your quit day.
- ♦ Stock up on sugarless gum, carrot sticks, and hard candy.
- ♦ Decide on a plan. Will you use nicotine replacement therapy? Will you attend a smoking cessation class? If so, sign up now.
- ♦ Practice saying, "No thank you, I don't smoke."
- ♦ Set up a support system. This could be a group or a class, Nicotine Anonymous, or a friend who has successfully quit and is willing to help you.

Quit Day Suggestions

- ♦ Do not smoke.
- ♦ Get rid of all cigarettes, lighters, ashtrays, and any other items related to smoking.
- ♦ Keep active- try walking, exercising, or doing other activities or hobbies.
- ♦ Drink lots of water and juices while limiting caffeine.
- ♦ Attend stop-smoking classes or follow a self-help plan.
- ♦ Avoid high-risk situations where the urge to smoke is strong.
- ♦ Reduce or avoid alcohol.
- ♦ Use the four A's (avoid, alter, alternatives, activities) to deal with tough situations.
- ♦ Please speak with your doctor or your nurse regarding nicotine replacement therapy.

EID38 0305

Smoking Cessation
Page 1 of 2

PRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008



ACCT#075885491 MR# 000209691

PHILLIPS, NANCY A

DOB: 06/13/1962 F 45 1017 ROBA, ANTENEH T
02/06/2008 65 PHILLIPS, NANCY A

HNMD

Staying Quit (Maintenance)

Think ahead to those times when you may be tempted to smoke and plan on how you will use alternatives and activities to cope with these situations. The unexpected strong desires to smoke that occur, sometimes months (or even years) after you've quit can be very dangerous. Try the following:

- ♦ Review your reasons for quitting and think of all the benefits to your health, your finances, and your family.
- ♦ Remind yourself that there is no such thing as just one cigarette- or even one puff.
- ♦ Ride out the desire to smoke. It will go away, but do not fool yourself into thinking you can have just one cigarette.
- ♦ Be prepared for relapse or difficult situations; you may feel more irritable or depressed initially when you stop smoking – Be active, listen to happy music, and treat yourself to something that will improve your mood.

Remember, the most important thing to your present and future health is to stop smoking!

What to Look for in a Stop-Smoking Group or Class

Stop smoking programs are designed to help smokers recognize and cope with problems that come up during quitting and to provide support and encouragement. Studies have shown that the best programs will include either individual or group counseling. There is a strong association between the intensity of counseling and the success rate. In general, the more intense the program, the greater the likelihood of success. Intensity may be increased by having more or longer sessions or by increasing the number of weeks over which the sessions are given. So, when considering a program, look for one that has the following:

- ♦ Session length – at least 20 minutes
- ♦ Number of sessions – at least 4 to 7
- ♦ Number of weeks at least 2 weeks

Be certain the leader of the group is trained in smoking cessation. Some communities have a Nicotine Anonymous group, which applies the principles of Alcoholics Anonymous to the addiction of smoking. There is no fee to attend.

Where Can I Go for Additional Help?

It is hard to fight any addiction and smoking is no different. But you can quit! More than 40 million Americans have successfully quit smoking.

Smoking Quitline **1-877-937-7848**

American Heart Association **1-800-242-8721**

www.americanheart.org

American Cancer Society **713-266-2877**

www.cancer.org

American Lung Association **713-629-1600**

www.lungusa.org

National Cancer Institute **1-800-422-6237**

www.nci.gov

Office on Smoking & Health National Center for Chronic Disease Prevention and Health

Promotion **1-800-232-1311**

www.cdc.gov/tobacco

For Pregnant Women:

American College of Obstetricians and Gynecologists **1-202-638-5577**

Credits:

Adapted from U.S. Dept of Health and Human Services Brochure: **You Can Quit Smoking**, June 2000. And the **American Cancer Society Complete Guide to Quitting**.

EID38 0305

Smoking Cessation

Page 2 of 2

PRINTED BY: GERMAINNKENNARD

~~DATE: 11/13/2008~~

ACCT#075885491 MR# 000209691

PHILLIPS, NANCY A

DOB: 06/13/1962 F 45 1017 ROBA, ANTENEH T

02/06/2008 65 3

AWN000164

Houston Northwest

Medical Center

Tenn. Texas

**1. Consent to Medical and Surgical Procedures**

I, the patient identified below or the patient's legally authorized representative, consent to the procedures which may be performed during this hospitalization or on an outpatient basis, including emergency treatment or services, and which may include, but are not limited to, laboratory procedures, including testing of blood or other bodily fluid to determine the presence of any communicable disease such as, to the extent allowed by law, Hepatitis and Human Immunodeficiency Virus (the causative agent of AIDS), x-ray examination, medical and surgical treatment or procedures, anesthesia, or hospital services rendered for the patient under the general and special instructions of my/the patient's physician or surgeon. I further consent to my/the patient's physician or surgeon or his/her designees including other practitioners and hospital personnel, which may include health care professionals in training, performing or administering all tests, services or treatments indicated as previously described.

2. Consent to Vaccine

I consent to administration of pneumococcal(pneumonia) vaccine and influenza vaccine(Oct-March) as determined by nursing screening and medical staff protocol.

3. Consent to Photograph

I permit the hospital to photograph as a part of the documentation of my/the patient's medical/surgical condition. These photographs will be maintained as part of my/the patient's permanent medical record. I understand and acknowledge that the hospital is permitted to use cameras to monitor all patients.

4. Nursing Care

I understand and acknowledge that this hospital will provide nursing care to meet my/the patient's needs in accordance with accepted standards of nursing practices. If I/the patient desire sitter services or the services of a private duty nurse to provide personal care needs, I understand that such retention of such services is my responsibility and I agree to notify the hospital if I intend to arrange for additional or private duty nursing. I also understand and acknowledge that the hospital may use cameras or other devices for patient monitoring.

5. Smoking Cessation

☒ I am not a smoker, but have received a copy of the smoking cessation information to share with my family member or friend who is a smoker.

☐ I am a smoker and have received a copy of the smoking cessation information and have been advised on the need to stop smoking. I understand that I am free to ask for more information and guidance on how to stop smoking.

☐ I am a smoker and do not wish to receive information or advised on smoking cessation at this time.

The undersigned certifies that I have read the foregoing, received a copy thereof, and I am the patient, the patient's legal representative, or I am duly authorized by the patient as the patient's general agent to execute the above and accept its terms.

2/6/08
Date

Nancy Phillips
Patient/Patient's Authorized Signature

If other than patient, indicate relationship

Witness

Witness

EID3 0106

Consent for Treatment

PRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008



ACCT#075885491 MR# 000209691

PHILLIPS, NANCY A

DOB: 06/13/1962 F 45 1017 ROBA, ANTENEH T
02/06/2008 65 PHILLIPS, NANCY A

AWN000165

Houston Northwest Medical Center

Tomball, Texas



HNMLG

1. Financial Responsibility

In consideration of services rendered or to be rendered to patient, the undersigned, whether he/she is the patient, patient's relative, patient's legal guardian, representative, agent, other individual or entity, hereby obligates himself/herself individually, to the hospital, physicians, surgeons, emergency department physicians, radiologists, pathologists, anesthesiologists, and consultants involved in the patient's care and agrees to pay for any and all charges and expenses incurred or to be incurred. It is agreed and understood that regardless of any and all assigned benefits/monies, I, as the designated responsible party, am responsible for the total charges for services rendered, and I further agree that all amounts are due upon request and are payable to the hospital, and the appropriate physicians, surgeons, emergency department physicians, radiologists, pathologists, anesthesiologists and consultants involved in patient's care and agree to pay for any and all charges and expenses incurred or to be incurred. It is further agreed and understood that should this account become delinquent and it becomes necessary for the account to be referred to an attorney or collection agency for collection or suit, I, as the designated responsible party or entity, shall pay all patient charges, reasonable attorney's fees and collection expenses. I agree that if this account results in a credit balance, the credit amount will be applied to any outstanding accounts, either current or bad debt. All delinquent accounts may be charged interest at the maximum rate allowed by law.

2. Assignment of Benefits to Hospital and Hospital-Based Physician

In consideration of services rendered or to be rendered, I hereby irrevocably assign and transfer to the hospital, and hospital-based physicians (e.g., radiologists, pathologists, anesthesiologists, emergency department physicians) all rights, title and interest in all benefits/monies payable for services/supplies rendered, including but not limited to group medical/indemnity/self-insured/ERISA benefits/coverage, PIP, UIM/UM, auto/homeowner insurance, and in all causes of action against any party or entity that may be responsible for payment of benefits/monies regardless of whether or not I ultimately settle my claim with a non-admission of liability provision. I fully understand that in the event the hospital and/or hospital-based physicians files a claim on my behalf that the same does not impose any contractual obligation or otherwise upon the hospital and/or hospital-based physicians, and that, notwithstanding the irrevocable nature of this Assignment of Cause of Action and Benefits, I remain fully responsible for instituting, and am expressly authorized by the hospital and hospital-based physicians to institute, suit within the applicable statutes of limitations. I authorize the hospital and/or hospital-based physicians to appeal any denial under my appeal rights provision. It is hereby agreed and understood that any condition precedent, subsequent or otherwise, including, but not limited to, precertification, preauthorization, or second opinions shall remain the sole responsibility of patient and/or the patient's family, legal guardian, representative or agent. I further understand that failure to pre-certify could result in reduced payments from patient's insurance company, leaving the undersigned financially responsible for the non-reimbursed portion of patient's bill. It is further agreed and understood that the obtaining of verification of benefits and/or precertification does not in any form or fashion relieve the patient or the patient's family, other individual or entity signing on behalf of patient, of any liability for the financial responsibility for goods and services provided or to be provided to patient by the hospital and/or hospital-based physicians and any other associated physician. I fully understand and agree that hospital and/or hospital-based physicians shall be entitled to full payment where a third-party accident is involved notwithstanding any benefits payable by a managed care payor on my behalf as third-party bears primary responsibility.

3. Assignment of Cause of Action and Benefits

I, for good and valuable consideration receipt of which is hereby acknowledged, irrevocably assign and transfer, to the hospital, any and all claims, demands, suits, remedies, guarantees, liens and/or causes of action, at law or in equity, either in contract or in tort, statutory or otherwise, to the extent permitted by law, as well as any other claim, in whole or in part, which I may now have or may hereafter hold or possess, known or unknown, on account of, growing out of, relating to or concerning, whether directly or indirectly, proximately or remotely, any acts, omissions, events, transactions or occurrences that have occurred or failed to occur, which resulted in my injuries for which the hospital has provided and/or will provide medical goods and services to me. This Assignment of Cause of Action and Benefits shall be effective against any and all parties or entities that may bear or appear to bear liability for my injuries, including but not limited to, my employer, its direct and indirect subsidiaries, all of its officers, directors, agents, servants, successors, assigns and employees. I further assign and transfer to the hospital, any and all rights (including appeal rights), title and interest in any and all benefits, monies or other form of compensation paid or to be paid on my behalf as a result of this injury/illness. I fully understand that, notwithstanding the irrevocable nature of this Assignment of Cause of Action and Benefits, I remain solely responsible for instituting, and am expressly authorized by the hospital to institute, suit within the applicable statutes of limitations, and that the hospital is not in any form or fashion responsible for instituting suit on my behalf. I understand and agree that this Assignment does not relieve me of my liability or responsibility for any and all charges incurred as a result of medical goods and services provided to me by the hospital.

4. Medicare Patient's Assignment of Benefits and Release of Information

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize release of any information needed to act on this request. I request that payment of authorized benefits be made on my behalf. I assign payment for unpaid charges of the hospital and physician(s) for whom the hospital is authorized to bill in connection with its services. I understand I am responsible for any remaining balance not covered by Medicare or other insurance.

5. Legal Relationship Between Hospital and Physician

All physicians and surgeons furnishing services to the patient, including the Emergency Department physicians, radiologists, pathologists, anesthesiologists and the like, are independent contractors with the patient and are not employees or agents of the hospital. The patient is under the care and supervision of his/her attending physician and it is the responsibility of the hospital and its nursing staff to carry out the instructions of such physician. It is the responsibility of the patient's physician or surgeon to obtain the patient's informed consent, when required, to medical or surgical treatment, special diagnostic or therapeutic procedures, or hospital services rendered for the patient under the general and special instructions of the physician.

EID1 0604

Conditions of Services
Page 1 of 2



ACCT#075885491 MR# 000209691

PHILLIPS, NANCY A

DOB: 06/13/1962 F 45 1017 ROBA, ANTENEH T
02/06/2008 65 PHILLIPS, NANCY A

PRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008

AWN000166

HNMLG

6. Authorization to Appeal

I hereby authorize the hospital to appeal on my behalf my claim(s) with, if applicable, and/or any payor which denies and/or delays payment of my claim(s). I further authorize that the payors, listed herein and any other payors, release any and all information requested and/or related to my claim(s) to the hospital and/or its attorneys. Unless prohibited by applicable law or regulation, this authorization is irrevocable upon execution by me hereinbelow and any appeal brought by the hospital shall be as if it was brought by me personally.

7. Personal Valuables

It is understood and agreed that the hospital maintains a safe for the safekeeping of money and valuables, and the hospital shall not be liable for the loss or damage to any money, jewelry, documents, fur garments, dentures, eye glasses, hearing aids, prosthetics or other articles of unusual value and small size, unless placed in the safe, and shall not be liable for loss or damage to any other personal property, unless deposited with the hospital for safekeeping. The maximum liability of the hospital for loss of any personal property which is deposited with the hospital for safekeeping is limited to five hundred dollars (\$500.00) unless a written report for a greater amount has been obtained from the hospital by the patient.

8. I have Received the Additional Facility Specific Addendum:

- ☐ Patient Rights and Responsibilities;
☐ Important Message from Champus;
☐ Important Message from Medicare;
☐ Authorization to Disclose
☐ Other Specific Items as listed here:

Information regarding Advance Directives

☐ Not Applicable

☒ Patient has executed Advance Directives: ☐ Yes ☒ No Did you bring a copy? ☐ Yes ☐ No
 If no, whom to contact to receive a copy? _____

9. Financial Responsibility Agreement by Person Other than the Patient or the Patient's Legal Representative

I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Agreement (Paragraph 1) and Assignment of Benefits to Hospital and Hospital-Based Physicians (Paragraph 2) set forth above.

 Date

 Financially Responsible Party

 Witness

The undersigned certifies that he/she has read and verbalized/demonstrated understanding of the foregoing, received a copy thereof, and is the patient, the patient's legal representative or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.

2/6/08

Date

Nancy Phillips

Patient/Parent/Guardian/Conservator/Responsible Party - The above conditions of services have been explained to me and I understand.

 If other than patient, indicate relationship

 Witness

 Witness

A COPY OF THIS DOCUMENT IS TO BE DELIVERED TO THE PATIENT AND ANY OTHER PERSON WHO SIGNS THIS DOCUMENT

EID1 0604

Conditions of Services
 Page 2 of 2

PRINTED BY: GERMAINNKENNARD
 DATE: 11/13/2008



ACCT#075885491 MR# 000209691

PHILLIPS, NANCY A

DOB: 06/13/1962 F 45 1017 ROBA, ANTENEH T
 02/06/2008 65 3

AWN000167

Houston Northwest Medical Center

Tennet Texas



A **Notice of Privacy Practices (NPP)** is provided to all patients. This Notice of Privacy Practices identifies: 1) how medical information about you may be used or disclosed; 2) your rights to access your medical information, amend your medical information, request an accounting of disclosures of your medical information, and request additional restrictions on our uses and disclosures of that information; 3) your rights to complain if you believe your privacy rights have been violated; and 4) our responsibilities for maintaining the privacy of your medical information.

The undersigned certifies that he/she has read the foregoing, received a copy of the Notice of Privacy Practices and is the patient, or the patient's personal representative.

Nancy Phillips
Name of Patient

X Nancy Phillips
Signature of Patient

2, 6, 08
Date Signed

Name of Patient's Personal Representative

Signature of Patient's Personal Representative

Date Signed

Maria Carrera
Name of Employee

FOR INTERNAL USE ONLY

[Signature]
Signature of Employee

If applicable, reason patient's written acknowledgement could not be obtained

- ☐ Patient was unable to sign.
☐ Patient refused to sign
☐ Other _____

2
(Version: As noted on NPP)

12803 (Date: As noted on NPP)

EID7 0204

Notice of Privacy Practices (NPP)
Acknowledgement

PRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008



ACCT#075885491 MR# 000209691

PHILLIPS, NANCY A

DOB: 06/13/1962 F 45 1017 ROBA, ANTENEH T
02/06/2008 65 PHILLIPS, NANCY A

AWN000168

4/19/07 HOUSTON NORTH WEST M.C. REGISTRATION
 00:03:12 710 FM 1960 W. HOUSTON TX 77090 RECORD-F01
 ** ** * * * ** **

PATIENT NO: 073788325 ADMIT DT/TIME: 4/17/07 11:18 M/R NO: 000209691
 NS/ROOM/BED: CLINICS: P3 FILING MR#: 209691
 BY: AUTO

PATIENT NAME: PHILLIPS, NANCY A TITLE:
 MAILING ADDR: 14619 ELLA BLVD SOCIAL SECURITY: 456337729
 CITY/STATE: HOUSTON TX 77014 2589 PHONE: (281) 875-4424
 PHYSICAL ADR: NPP: 2.0 DATE: 12/08/03
 CITY/STATE: PHONE: ()
 OCCUPATION: LANGUAGE: EN FC: 17
 POB: HOUSTON ADMT PHYS: 3191- DAVIS, GEORGE M HSV: 65
 DOB: 6/13/1962 ADMT PHYS PHONE: (281) 440-2146 RLG: BP PAR:
 AGE: 44 Y ATTEND PHYS: 3191- DAVIS, GEORGE M MS: M
 SEX: F REF PHY: 3191-DAVIS, GEORGE M PHN: 281 440-2146 SMK:
 RACE: 2 FATHER'S DOB: MOTHER'S DOB: PT: 3
 REF SRC: FLAG: VAL:

EMER CONTACT: PHILLIPS, LEROY REL: SPOUSE
 ADDRESS: 14619 ELLA BLVD PHONE: (281) 875-4424
 CITY/STATE: HOUSTON TX 77014 2589
 NEAREST RELT: REL:
 ADDRESS: PHONE: ()
 CITY/STATE: RESEARCH ID:

GUARANTOR: PHILLIPS, NANCY A REL: SELF
 ADDRESS 1: 14619 ELLA BLVD PHONE: (281) 875-4424
 ADDRESS 2: SOCIAL SECURITY: 456337729
 CTY/STE/ZIP: HOUSTON TX 77014 2589 OCC: AF:
 PAYOR NAME 1: EVERCARE MANAGED MEDICA INS. PLAN ID: WR572 SRV/TYPE: ALLER
 PLAN NAME: EVERCARE MANAGED MEDICAID IPA:
 BILL C/O NAME: AUTH #:
 BILL ADDRESS: PO BOX 659777 CERT-SSN-HIC-ID#: 503514989
 CTY/STE/CNTRY: HOUSTON TX 77265 0000 BILL PHONE: (866) 331-2243
 BILLING NAME: GP #:
 INSURED: PHILLIPS, NANCY SEX/REL: F SELF
 EMPLOYER: UNEMPLOYED MSP: N TRACKING#:
 ADDRESS: 1212 LONE WOLF EMP PHONE: (214) 000-0000
 CITY/STATE: CARROLLTON TX 75007 ESC: 3
 PAYOR NAME 2: INS. PLAN ID:
 PLAN NAME:
 BILL C/O NAME: AUTH #:
 BILL ADDRESS: CERT-SSN-HIC-ID#:
 CTY/STE/CNTRY: BILL PHONE: () 000-0000
 BILLING NAME: GP #:
 INSURED: SEX/REL:
 EMPLOYER: TRACKING#:
 ADDRESS: EMP PHONE: () 000-0000
 CITY/STATE: ESC:

SPAN CODE: PRIOR VISIT: 9/02/05
 FROM/TO DATE: PRIOR HOSPITAL:
 CONDITION CD CONDITION CD OCCURRENCE CD/DATE OCCURRENCE CD/DATE
 11 4/13/07

CHIEF COMPLAINT DESCRIPTION: CHIEF COMPLAINT CODE:
 NUMBNESS LEFT SIDE
 COMMENTS:

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 DATE: 11/13/2008

AWN000169

Houston Northwest Medical Center

Coding Summary

Name: Phillips, Nancy A Account #: 0073788325 MR #: 209691 final
 Date of Birth: 6/13/1962 Sex: FEMALE SSN: 456337729
 Age at Admit: 44 years Race: Black LOS: 1
 Attend Phys: 00003191 Davis, George M. F/C: 17 MCAID MGD-CON
 Admit Date: 4/17/2007 Disch. Date: 4/17/2007
 Patient Type: 3 OP-ER Pat Payor 1:
 Det Pt Type: 65 Emergency Room Payor 2:
 Discharge Serv Payor 3:
 Admit Dx: 782.0 SKIN SENSATION Discharge. Status: A 01 - Home/Self Ca
 DRG MDC Weight GMLOS ALOS Expect Coder ID Coded Date Final Date
 Reimb 102 4/23/2007 04/23/2007

Seq. Diagnos

1 782.0 Disturbance of skin sensation
 2 729.5 Pain in limb

Seq/EpisodeProcedure Start End 4 Modifiers
 1 2 3 4 5

Provider

Role

Consult Performed By

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 DATE: 11/13/2008

AWN000170

Physician Documentation

Houston Northwest Medical Center

Name:NANCY PHILLIPS

Emergency Department

Age:44 years

Sex:Female

DOB:06/13/1962

Account#:073788325

SSN:456-33-7729

Private MD:ramiz, naila

Arrival Date:04/17/2007

Time:10:54

MRN:000209691

Diagnosis:Paresthesia

Disposition Location:Home/Self Care

Incomplete Required Fields: Nurses notes reviewed., Disposition,

Vital signs, Data reviewed, Counsel, Diagnosis, Social hx,

Cardiovascular, Cardiac monitor, Pulse oximetry, Interpretations

Historical:

- Allergies: *No known Allergies;

- Home Meds:

1. last doses of meds were 2 days ago, ambien 5 mg po q hs, risperdal
50 mg po q hs, trazodone 150 mg po q hs, zoloft 10 mg ? po q am,
abilify 30 mg po q hs, ;

2. Sertraline Oral;

3. Ambien PO;

4. Trazodone PO;

5. Abilify Oral;

6. Risperdal PO;

- PMHx: Depression; Schizophrenia;

- PSHx: Tubal ligation;

- Immunization history:: Last tetanus immunization: unknown.

- Social history:: Uses tobacco products: cigarettes, 2 ppd. alcohol,
Speaks fluent English. Denies drug usage.

Vital Signs:

04/17 BP 124/80; Pulse 85; Resp 18; Temp 99.6(O); Pulse Ox 100% on R/A;

tbw

11:00 Weight 137Lbs / 62.13Kg(R); Pain 6/10;

14:01 BP 124/80; Pulse 76; Resp 18; Pulse Ox 98% on ;

td

17:33 BP 122/88; Pulse 80; Resp 16;

tw

Signatures:

Wilder, Tonya

RN tbw

davis, tony

td

Name:NANCY PHILLIPS

MRN:000209691

Account#:073788325

Page 1 of 1

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DATE: 11/13/2008

AWN000171

Nurse's Notes

Houston Northwest Medical Center

Name:NANCY PHILLIPS

Emergency Department

Age:44 years

Sex:Female

DOB:06/13/1962

Account#:073788325

SSN:456-33-7729

Private MD:ramiz, naila

Arrival Date:04/17/2007

Time:10:54

MRN:000209691

Chief Complaint:Numbness, Other - left side numb

Disposition Location:Home/Self Care

Incomplete Required Fields: IV Infusions

Presentation:

04/17 Presenting complaint: Patient states: Left sided numbness since 10:58 saturday. Acuity: Level 3 Urgent. Method of arrival: Ambulated without assistance. Care prior to arrival: None.

tbw

Historical:

- Allergies: *No known Allergies;

- Home Meds:

1. last doses of meds were 2 days ago, ambien 5 mg po q hs, risperdal 50 mg po q hs, trazodone 150 mg po q hs, zoloft 10 mg ? po q am, abilify 30 mg po q hs, ;
2. Sertraline Oral;
3. Ambien PO;
4. Trazodone PO;
5. Abilify Oral;
6. Risperdal PO;

- PMHx: Depression; Schizophrenia;

- PSHx: Tubal ligation;

- Immunization history:: Last tetanus immunization: unknown.

- Social history:: Uses tobacco products: cigarettes, 2 ppd. alcohol, Speaks fluent English. Denies drug usage.

Screening:

11:00 Nutritional screening: No deficits noted. Tuberculosis screening: Never had TB Possible symptoms: None. Suicide Screen is not applicable. Not Applicable. Exposure risk / Travel screening Travel out of country? No.

tbw

Vital Signs:

11:00 BP 124/80; Pulse 85; Resp 18; Temp 99.6(O); Pulse Ox 100% on R/A; Weight 137Lbs / 62.13Kg(R); Pain 6/10;
14:01 BP 124/80; Pulse 76; Resp 18; Pulse Ox 98% on ;
17:33 BP 122/88; Pulse 80; Resp 16;

tbw

td

tw

Assessment:

16:05 Pain: Location of pain is left arm Pain is described as aching. Neuro: Level of Consciousness is awake, alert, obeys commands, Oriented to person, place, time, PERRL Facial symmetry appears

vml

Name:NANCY PHILLIPS

MRN:000209691

Account#:073788325

Page 1 of 2

normal, Gait is steady, Grips are equal bilaterally Speech is normal, Moves all extremities. EENT: Reports no EENT complaints. Cardiovascular: Chest pain is denied. Respiratory: Airway is patent Respiratory effort is even, Respiratory pattern is regular, Breath sounds are clear bilaterally. GI: Reports normal bowel habits. Genitourinary: Reports no difficulty with urination. Derm: Skin appears intact, feels dry. Musculoskeletal: ROM intact in all extremities.

17:33 General: Dr. Ramiz into see pt.

tw

Interventions:

11:00 Identification and allergy band placed on right wrist. Patient placed tbw in waiting room. Family accompanied patient.

Procedure:

15:57 CBC Ordered, BMP Ordered.

EDMS

15:58 CT Head w/o Contrast Ordered.

EDMS

16:18 Labs drawn & sent to lab.

vm1

Observations:

10:54 Patient arrived in ED. Patient moved to Waiting.

jn2

10:57 Triage completed.

tbw

15:37 Patient moved to C05.

vm1

15:48 Patient moved to C06.

tw

16:56 ANTENEH ROBA MD is Attending Physician. Medical Screening Complete

atr

17:29 naila ramiz is Referral Physician.

atr

Outcome:

17:29 ER care complete, discharge ordered by MD.

atr

17:33 Pain Reassessment: Pain is unchanged at this time. Disposition:

tw

Discharged to home ambulatory, with family. Condition: stable.

Discharge instructions given to patient, Instructed on smoking

cessation, follow up care, medication usage, Demonstrated

understanding of instructions, medications, Prescriptions given X1.

Work/School excuse given. one day off.

17:37 Patient left the ED.

tw

Signatures:

Medhost, Dispatcher

EDMS

ROBA, ANTENEH

MD atr

Maxwell, Victoria

RN vm1

Wright, Theresa

RN tw

Wilder, Tonya

RN tbw

davis, tony

td

Nelson, Jamie

jn2

Orders:

15:55 CBC, Written, ordered by gmd1, ordered for gmd1

15:55 BMP, Written, ordered by gmd1, ordered for gmd1

15:55 CT Head w/o Contrast, Written, ordered by gmd1, ordered for gmd1

Name: NANCY PHILLIPS

MRN: 000209691

Account#: 073788325

Page 2 of 2

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DATE: 11/13/2008

AWN000173

Houston Northwest Emergency Department
Discharge Instructions for: NANCY PHILLIPS

Houston Northwest Medical Center

Emergency Department
710 FM 1960 W.
Houston, Texas 77090
281-440-2146

**DISCHARGE INSTRUCTIONS FOR:
FOR TODAY'S VISIT ON:**

NANCY PHILLIPS
Tuesday 4/17/2007

Thank you for using Houston Northwest Medical Center for your care today. It is important for you to know that the examination, treatment and x-ray reading you have received in the Emergency Care Center today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

X-RAYS and LAB TESTS:

If you had x-rays today, they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you had a culture done it will take 24 to 72 hours to get results. If there is a change in the x-ray diagnosis or a positive culture we will contact you. **(Make sure we have your local phone number)**. To sign out your X-rays to your doctor, please call 281-440-2316.

MEDICATIONS:

If you received a prescription for medication(s) today it is important that when you fill this you let the pharmacists know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

Care provided by ANTENEH ROBA MD with the diagnosis of Paresthesia.

Thanks again for using Houston Northwest Medical Center for your treatment today. The discharge instructions for today's visit are outlined below.

-
- PARAESTHESIAS (Neuropathy)
 - naila ramiz (Int. Med.)
 - Call referral doc in 2-3 days for re-evaluation
 - Work Release Form - 2 day

Special Notes:

I sided pain (extremities)

I hereby acknowledge that I have received and understand the above instructions and prescriptions (if any).

Nancy Phillips
NANCY PHILLIPS
MRN # 000209691
ACCT # 073788325

Maxwell
ED Physician or Nurse



ACCT#073788325 MR#000209691
PHILLIPS, NANCY A
06/13/1962 F44 3191-DAVIS, GEORGE M -
Houston Northwest Medical Center 04/17/2007 05 3

PRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008

AWN000174

E K P 1 1 0 6 7 7

TIME SEEN: _____ ☐ on arrival ROOM: 16 EMS Arrival
 HISTORIAN: patient spouse paramedics
 HX / EXAM LIMITED BY: _____



* HMR *

HPI

chief complaint: weakness paresthesia facial droop falling
 difficulty standing / walking impaired speech

L. S. Jackson
Paresthesia x 4d

started:

x 4d sudden / gradual onset
 constant / intermittent
 gone now better continues in ED
 greater than 3 hours cannot confirm onset
 noted on awakening

severity: mild moderate severe

context:**character of deficit(s):**

new weakness
 • RUE RLE LUE LLE R/L facial general (diffuse)

altered sensation
 • RUE RLE LUE LLE R/L facial

vision problem

impaired speech / swallowing • difficult unable

decreased ability to stand / walk
 • weak / difficult off balance cannot walk cannot stand

falling

Usually- walks w/o assistance stands for transfers
uses a cane / walker bed-ridden
walks only w/ assistance unable to sit up
unable to walk

associated symptoms:

altered mental status unchanged from baseline
 • disoriented / confused agitated trouble concentrating / thinking
 decreased responsiveness unresponsive

Usually- alert, oriented x3 alert but confused
 alert but disoriented to time poor alertness

Similar symptoms previously

Recently seen / treated by doctor

ROS

NEURO

headache
 neck pain
 unsteady gait
 passed out / seizure
 head injury
 dizziness
 vertigo lightheadedness

PULMONARY

chest pain
 palpitations
 cough
 sputum
 trouble breathing

CONST

fever
 EYES / ENT
 trouble w/ vision
 sore throat
 GI / GU
 nausea
 vomiting
 abdominal pain
 diarrhea
 black / bloody stools
 trouble urinating
 SKIN / LYMPH / MS
 rash / swelling
 joint pain
 back / neck pain

☒ all systems neg except as marked

PAST HX negative

stroke / TIA back injury
 diabetes Type 1 Type 2
 diet / oral / insulin
 high blood pressure lung disease
 heart disease migraine headaches
 high cholesterol HIV / AIDS
 seizure disorder insect bite
 cancer exposure to tick / Lyme dz

Surgeries / Procedures none

CABG cholecystectomy
 pacemaker appendectomy
 back surgery hysterectomy
 carotid endarterectomy tonsillectomy

Medications none see nurses note

ASA NSAIDs acetaminophen
 coumadin heparin

Allergies NKDA

see nurses note

SOCIAL HX

recent ETOH 0 smoker 0 drug use / abuse
 nursing home resident

FAMILY HX

CNS cancer 0 stroke migraines CAD
 cerebral aneurysm

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46

Houston Northwest Medical Center
EMERGENCY PHYSICIAN RECORD
 Neuro Symptoms / Deficit (5)



ACCT#073788325 MR#000209691
PHILLIPS, NANCY A
 06/13/1962 F44 3191-DAVIS, GEORGE M -
 Houston Northwest Medical Center 04/17/2007 65 3

Houston Northwest Medical Center
Clinical Laboratory
North Houston Pathology Associates, L.L.P.
710 F.M. 1960 West
Houston, Texas 77090

Telephone: (281) 440-2160

Patient Name:	PHILLIPS, NANCY A	Medical Record No:	000209691
Date Of Birth:	06/13/62	Encounter No:	073788325
Age:	44Y	Admit Date:	04/17/07
Sex:	F	Discharge Date:	04/17/07
Physician:	DAVIS, GEORGE M, MD		
Diagnosis:			

DEPT: HEMATOLOGY SECTION

CBC

	04/17/07 16:15	Reference	Units
WBC	8.4	3.8-11.6	K/cumm
RBC	4.14	3.70-5.10	M/cumm
HEMOGLOBIN	12.0	12.0-15.0	gm/dl
HEMATOCRIT	35.5 L	35.7-44.8	%
MCV	86	80-100	fl
MCH	29.0	26.2-33.8	pg
MCHC	33.8	31.7-35.1	gm/dl
RDW	13.0	11.3-14.5	%
PLATELET	283	130-408	K/cumm
SEGS	65	50-70	%
LYMPHS	29	20-40	%
MONOS	4	1-10	%
EOS	2	1-5	%
BASOPHILS	0	0-2	%
SEGS,ABSOLUTE COUNT	5.4	1.90-7.20	K/cumm
LYMPHS,ABSOLUTE COUNT	2.4	1.10-2.70	K/cumm
MONOS,ABSOLUTE COUNT	0.3	0.30-0.80	K/cumm
EOSINOPHILS, ABSOLUTE COUNT	0.2	0.00-0.50	K/cumm
BASOPHILS, ABSOLUTE COUNT	0.0	0.00-0.10	K/cumm

DEPT: CHEMISTRY SECTION

Basic Metabolic Panel

	04/17/07 16:15	Reference	Units
SODIUM	136	135-145	mmol/L
POTASSIUM	3.7	3.6-5.0	mmol/L
CHLORIDE	107	101-111	mmol/L
CO2	26	21-31	mmol/L
CALCIUM	9.0	8.5-10.5	mg/dl
GLUCOSE	158 H	70-100	mg/dl

***** LAB DISCHARGED REPORT *****

Patient Name:	PHILLIPS, NANCY A	Location:	ER POD C
Patient Number:	000209691	Encounter Number:	073788325
Run Date and Time:	05/17/07 04:45		

PRINTED BY: GERMAINNKENNARD

DATE: 11/13/2008 Report Type: Medical Records Report

Houston Northwest Medical Center
Clinical Laboratory
North Houston Pathology Associates, L.L.P.
710 F.M. 1960 West
Houston, Texas 77090

Telephone: (281) 440-2160

Patient Name:	PHILLIPS, NANCY A	Medical Record No:	000209691
Date Of Birth:	06/13/62	Encounter No:	073788325
Age:	44Y	Admit Date:	04/17/07
Sex:	F	Discharge Date:	04/17/07
Physician:	DAVIS, GEORGE M, MD		
Diagnosis:			

	04/17/07 16:15	Reference	Units
CREAT	0.8	0.5-1.2	mg/dl
BUN	7	6-20	mg/dl

***** LAB DISCHARGED REPORT *****

Patient Name:	PHILLIPS, NANCY A	Location:	ER POD C
Patient Number:	000209691	Encounter Number:	073788325
Run Date and Time:	05/17/07 04:45		

PRINTED BY: GERMAINNKENNARD

DATE: 11/13/2008 Report Type: Medical Records Report

04/17/2007 16:49 2814402574

READING RM

PAGE 02/02

HOUSTON NORTHWEST MEDICAL CENTERTenet Houston Healthcare System
<http://www.tenethealth.com>710 FM 1960 West
Houston, TX 77090
Phone: 281-440-2300
FAX: 281-440-2574**Diagnostic Imaging
Preliminary Report**

<input type="checkbox"/>	XRAY (Plain films)	<input type="checkbox"/>	MRI
<input type="checkbox"/>	Ultrasound	<input type="checkbox"/>	Mammography
<input type="checkbox"/>	CT Scan	<input type="checkbox"/>	Nuclear Med

Patient:

Phillips, Nancy

Date:

4/17/07

Room:

ER

Exam:

CT Head

M. D.:

Diagnosis:

COMMENTS:

1/29

Poor Original

RADIOLOGIST

Please note this report is a PRELIMINARY REPORT. It is NOT to be construed as a final report.
Final signed report will follow. For any concerns please call: 281-397-2979

re-created 3/13/06 HNMC Prelim Fax

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DATE: 11/13/2008



ACCT#073788325 MR#000209691
PHILLIPS, NANCY A
06/13/1962 F44 3181-DAVIS, GEORGE M
Houston Northwest Medical Center 04/17/2007 65 3

AWN000179

04/17/07 1558 PHILLIPS,NANCY A 000209691
06/13/62 44Y F EQE A073788325 04/17/07 1756
04/17/07 1559 1777189 0003 DAVIS,GEORGE M
DAVIS,GEORGE M 710 FM 1960 WEST (281)440-2146
HOUSTON, TX 77090
DAVIS,GEORGE M

Chk-in #	Order	Exam
1777189	0003	3046 CT HEAD WO CONTRAST Ord Diag: left side numbness

FINDINGS: The ventricles are normal in size. There is no evidence for intracranial hemorrhage or acute infarction. There is a small, focal hypodensity in the right parietal lobe. This is likely old, but is of unclear etiology. It may represent an area of gliosis.

IMPRESSION: No acute intracranial abnormality.

Transcriptionist- Powerscribe
Read By- ROBERT SCHOLL , M.D.
Released By- ROBERT SCHOLL , M.D.
Released Date Time- 04/17/07 1756

Final

HOUSTON NORTHWEST MEDICAL CENTER - IMAGING DEPT

PRINTED BY: GERMAINNKENNARD
DATE: 11/13/2008

AWN000180

Houston Northwest Medical Center

Tenn. Texas



1. Financial Responsibility

In consideration of services rendered or to be rendered to patient, the undersigned, whether he/she is the patient, patient's relative, patient's legal guardian, representative, agent, other individual or entity, hereby obligates himself/herself individually, to the hospital, physicians, surgeons, emergency department physicians, radiologists, pathologists, anesthesiologists, and consultants involved in the patient's care and agrees to pay for any and all charges and expenses incurred or to be incurred. It is agreed and understood that regardless of any and all assigned benefits/monies, I, as the designated responsible party, am responsible for the total charges for services rendered, and I further agree that all amounts are due upon request and are payable to the hospital, and the appropriate physicians, surgeons, emergency department physicians, radiologists, pathologists, anesthesiologists and consultants involved in patient's care and agree to pay for any and all charges and expenses incurred or to be incurred. It is further agreed and understood that should this account become delinquent and it becomes necessary for the account to be referred to an attorney or collection agency for collection or suit, I, as the designated responsible party or entity, shall pay all patient charges, reasonable attorney's fees and collection expenses. I agree that if this account results in a credit balance, the credit amount will be applied to any outstanding accounts, either current or bad debt. All delinquent accounts may be charged interest at the maximum rate allowed by law.

2. Assignment of Benefits to Hospital and Hospital-Based Physician

In consideration of services rendered or to be rendered, I hereby irrevocably assign and transfer to the hospital, and hospital-based physicians (e.g., radiologists, pathologists, anesthesiologists, emergency department physicians) all rights, title and interest in all benefits/monies payable for services/supplies rendered, including but not limited to group medical/indemnity/self-insured/ERISA benefits/coverage, PIP, UIM/UM, auto/homeowner insurance, and in all causes of action against any party or entity that may be responsible for payment of benefits/monies regardless of whether or not I ultimately settle my claim with a non-admission of liability provision. I fully understand that in the event the hospital and/or hospital-based physicians files a claim on my behalf that the same does not impose any contractual obligation or otherwise upon the hospital and/or hospital-based physicians, and that, notwithstanding the irrevocable nature of this Assignment of Cause of Action and Benefits, I remain fully responsible for instituting, and am expressly authorized by the hospital and hospital-based physicians to institute, suit within the applicable statutes of limitations. I authorize the hospital and/or hospital-based physicians to appeal any denial under my appeal rights provision. It is hereby agreed and understood that any condition precedent, subsequent or otherwise, including, but not limited to, precertification, preauthorization, or second opinions shall remain the sole responsibility of patient and/or the patient's family, legal guardian, representative or agent. I further understand that failure to pre-certify could result in reduced payments from patient's insurance company, leaving the undersigned financially responsible for the non-reimbursed portion of patient's bill. It is further agreed and understood that the obtaining of verification of benefits and/or precertification does not in any form or fashion relieve the patient or the patient's family, other individual or entity signing on behalf of patient, of any liability for the financial responsibility for goods and services provided or to be provided to patient by the hospital and/or hospital-based physicians and any other associated physician. I fully understand and agree that hospital and/or hospital-based physicians shall be entitled to full payment where a third-party accident is involved notwithstanding any benefits payable by a managed care payor on my behalf as third-party bears primary responsibility.

3. Assignment of Cause of Action and Benefits

I, for good and valuable consideration receipt of which is hereby acknowledged, irrevocably assign and transfer, to the hospital, any and all claims, demands, suits, remedies, guarantees, liens and/or causes of action, at law or in equity, either in contract or in tort, statutory or otherwise, to the extent permitted by law, as well as any other claim, in whole or in part, which I may now have or may hereafter hold or possess, known or unknown, on account of, growing out of, relating to or concerning, whether directly or indirectly, proximately or remotely, any acts, omissions, events, transactions or occurrences that have occurred or failed to occur, which resulted in my injuries for which the hospital has provided and/or will provide medical goods and services to me. This Assignment of Cause of Action and Benefits shall be effective against any and all parties or entities that may bear or appear to bear liability for my injuries, including but not limited to, my employer, its direct and indirect subsidiaries, all of its officers, directors, agents, servants, successors, assigns and employees. I further assign and transfer to the hospital, any and all rights (including appeal rights), title and interest in any and all benefits, monies or other form of compensation paid or to be paid on my behalf as a result of this injury/illness. I fully understand that, notwithstanding the irrevocable nature of this Assignment of Cause of Action and Benefits, I remain solely responsible for instituting, and am expressly authorized by the hospital to institute, suit within the applicable statutes of limitations, and that the hospital is not in any form or fashion responsible for instituting suit on my behalf. I understand and agree that this Assignment does not relieve me of my liability or responsibility for any and all charges incurred as a result of medical goods and services provided to me by the hospital.

4. Medicare Patient's Assignment of Benefits and Release of Information

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize release of any information needed to act on this request. I request that payment of authorized benefits be made on my behalf. I assign payment for unpaid charges of the hospital and physician(s) for whom the hospital is authorized to bill in connection with its services. I understand I am responsible for any remaining balance not covered by Medicare or other insurance.

5. Legal Relationship Between Hospital and Physician

All physicians and surgeons furnishing services to the patient, including the Emergency Department physicians, radiologists, pathologists, anesthesiologists and the like, are independent contractors with the patient and are not employees or agents of the hospital. The patient is under the care and supervision of his/her attending physician and it is the responsibility of the hospital and its nursing staff to carry out the instructions of such physician. It is the responsibility of the patient's physician or surgeon to obtain the patient's informed consent, when required, to medical or surgical treatment, special diagnostic or therapeutic procedures, or hospital services rendered for the patient under the general and special instructions of the physician.

EID1 0604

Conditions of Services

Page 1 of 2

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DATE: 11/13/2008



ACCT#073788325 MR# 000209691

PHILLIPS, NANCY A

DOB: 06/13/1962 F 44 3191 DAVIS, GEORGE M
04/17/2007 65 PHILLIPS, NANCY A

AWN000181